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An inaugural Dissertation
on
Rubeola or Measles
by
Alexander Copland
of
Virginia.

Passed March 22
1826

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Medina del Campo

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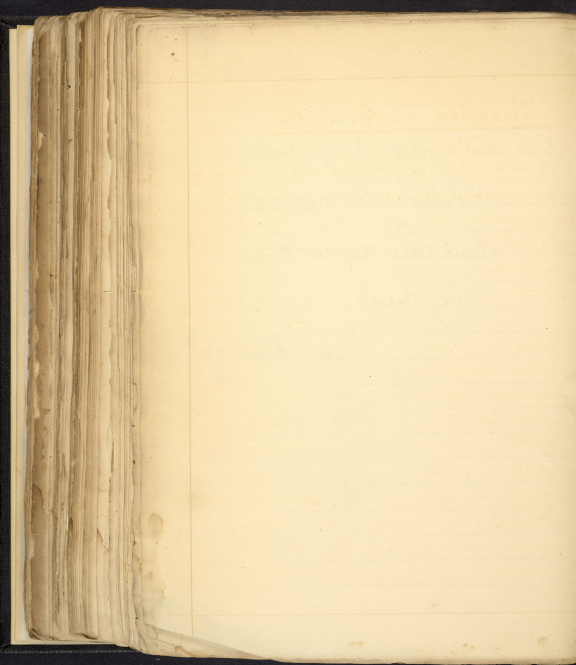
Extremadura

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Rubella, or Measles

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Rubeola or Measles.

Measles belongs to the Exanthemata or eruptive diseases. It may be very justly and correctly remarked, that a knowledge of it, is highly essential to the medical man, especially in this country, where it so frequently and extensively prevails. There is no section of our country, in which its appearance is not sometimes visible, and no spot in our union in which the Physician is not called to exert his medical skill in behalf of its victims. The sensibility, the assiduous care and experience of the Professional man, are here but seldom called forth in behalf of the adult. It is in the case of the helpless infant, that these qualities of the heart and head are most frequently exerted.

Measles prevails most frequently in winter and spring; though it occasionally occurs in summer and autumn. There has been some dispute,

whether it is contagious or not. Some have inclined to the belief that it is, while others have maintained an opposite opinion. Both Cullen and Thomas pronounced it to be contagious. It is, therefore, best to err on the safe side, when upheld by writers of so high authority. That it is epidemic, there can be no doubt. It is said that Measles is periodical in its movements and returns every seven years. The correctness of this remark, cannot be definitively tested, but from well authenticated documents of the different periods, at which it occurred in this City (Philadelphia), it has been found to have returned every six years; it commenced in the year 72, and periodically returned in the years 77, 83, 89, 95, 1801, 1808. The extent and rapidity, with which measles spreads, is known to every one. Except Influenza, its march outstrips every other epidemic; it sweeps with one stride the whole of our Atlantic coast, and the inhabitants of Maine and Georgia are at one and the same time withing under its attacks. It

more frequently attacks the young than the old, and it has even been said to have included the Brute Creation in the catalogue of its victims.

Symptoms. This disease is always ushered in with a cold stage, which is soon followed by the hot, accompanied with anorexia, anxiety, restlessness, thirst, sickness and vomiting. These symptoms, are, however, regulated according to the circumstances of the case. It very often happens that the fever is violent from its commencement, and at other times, for the first two days, it is very moderate; but just before the eruption breaks out, it assumes its usual violence. From the commencement of the fever, there is always a hoarseness, with a dry cough and some difficulty of breathing. The eyes are inflamed and pour out tears, and the eyelids are somewhat swelled; there is also a coryza and frequent sneezing. Attending the beginning of this disease is a constant drowsiness. The eruption generally appears upon the fourth day, first upon the face, and then upon other parts of the body. For the two or three first days, it continues to wear on the face the appearance of a vivid

udney, but on the third day, this udney assumes a brownish appearance; and the eruption in a day or two entirely disappears, when a mealy desquamation takes place. The face during the whole time of the eruption puts on a tinged appearance, but there is seldom much swelling. It sometimes happens that the fever ceases entirely, after the eruption has disappeared, but this is not often the case and we more frequently find that the fever continues or is increased after its disappearance and sometimes to a later period. The cough so prominent a symptom in measles, continues till after the desquamation, and often longer. The disease is often so violent, that Pneumonic symptoms are strongly marked; these may occur at any stage of it, but very often they do not show themselves till after the desquamation. It is at this time also that a diarrhoea frequently comes on and lasts for some time. Inflammatory affections, such as ophthalmia, and Phthisis often succeed measles, even if the attack has not been violent.

Willan divides measles into three species, viz: Rubella vulgaris, Rubella sine Catarrho and Rubella Nigra.

The symptoms of the *Rubeola vulgaris* are similar to those above described, and it may be considered as that species of measles which Cullen notices in his first lines of the *Practise of Physic*.

The *Rubeola sine catarrho* resembles the *Rubeola vulgaris* in the course and appearance of the eruption, but is not accompanied by fever, catarrh or ophthalmia; it also leaves the system open to the attack of the febrile measles.

The *Rubeola nigra* has an unusual appearance of the measles about the seventh or eighth day, when the eruption becomes on a sudden livid, with a mixture of yellow. No inconvenience or danger attends this species of measles.

Thomas divides measles into two kinds, the Benign and malignant. The symptoms of the benign are similar to those of the *Rubeola vulgaris*. The malignant form of the disease is generally accompanied with Typhus fever, with petechiae and other signs of malignancy. Here the eruption appears more early and all the concomitant symptoms are

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aggravated. The fauces not unfrequently assume the appearance existing in *Cynanche maligna*.

A species of Measles appeared in New York in the year eighteen hundred and thirteen, denominated the French measles. Its symptoms differed very much from those of the *Rubeola vulgaris*. The fever preceding the eruption was very inconsiderable and of short duration, not lasting more than twenty four hours and sometimes the eruption appeared before the fever. The eruption itself generally disappeared at the end of the second or beginning of the third day; the eyes are rarely affected as in the *Rubeola vulgaris*, and in no case was it attended with a cough or oppression at the breast, excepting such as is attendant upon most febrile complaints. Children who had had the measles, were known to be attacked with this disease; the same thing happened to adults. It has been thought that it is similar to that described by Dr. Willan under *Rubeola sine Catarrho*.

Diagnosis. The diagnosis in measles is very easy. Scarlatina is the only disease to which it bears a strong resemblance. It is a matter of great importance, that we should know the

distinguishing marks, as the method of cure is very different. The redness of the eruption in scarlet fever is more equally diffused than in measles, and is not in distinct spots with the colour of the skin interposed; yet it may sometimes be observed to be so in a few cases. In measles the eruption is more prominent on the face; it has a disposition to assume the form of crescents and there is more roughness to the touch, except on the arms in scarlet fever, where there is a little roughness. In scarlet fever, there is seldom much cough; the eyes are not so much affected, nor are the eyelids swollen or red; which appearances are always observable in the measles. The time at which the eruption appears, is also different; it commences in scarlet fever on the face and arms on the second day, but in measles it begins to appear on the chin, and breast on the third and on the arms and hands not until the fourth or fifth day.

Prognosis. When the fever and other symptoms are mild, the expectoration free and copious, the diarrhoea gentle, the skin moist at the appearance of the eruption, the desquamation early and free, we may expect a favorable termination

to the disease; but if the fever is high, the skin hot and parched, the breathing hurried and difficult, the countenance flushed, the pulse unusually hard; the eruption not appearing on the surface, the fauces ulcerated, the diarrhoea severe, the eruption becoming of a livid hue, the strength prostrated, the pulse small and intermittent, and finally evident marks of malignancy appearing; together with a considerable degree of coma and delirium, we may consider the case as one of great danger.

Treatment. In the treatment of this disease, our attention should first be directed to the alimentary canal. To effect an evacuation of this, tartarised antimony or *Sp. camanaka*, followed by the sulphate of Soda, or some other of the neutral salts may be used. Emollient clysters are also highly serviceable to effect this object. If the fever is high, the cough troublesome and the pulse frequent full and hard, venesection must be employed and repeated as often as necessary, the quantity drawn should be regulated by the judgement and experience of the Physician. When local inflammation is apparent, topical bleedings, such

as cups and leeches should be applied to the head and chest. After having effectually evacuated the alimentary canal, we may then give warm diluents drunk to favor the eruption. In children, should convulsions come on, moderate venesection, the warm bath and laudanum, have been found the most efficacious remedies.

Should the difficulty of breathing and the oppression at the chest be not relieved by bleeding a blister will be found of great service. If the cough is troublesome, the Patient must make use of some demulcent pectoral, as flax seed tea, mucilage of Gum arabic &c. Pediluvia will also be found highly serviceable. When the cough is dry, the ordinary expectorants ought to be used, such as a combination of squill and antimonial wine. If the Patient is oppressed by a tenacious phlegm, an emetic would answer best to dislodge it. When the cough is very troublesome and prevents the patient from sleeping, Opium may be used, but caution should be observed in their use,

as they must not be used, where there is much febrile action. Should an Inflammatory determination to the Lungs occur, the remedies should be the same as in common Peripneumony, such as venesection, cupping and blistering).

In the malignant or Typhoid form, venesection is almost inadmissible; our principle reliance here is on emetics and Purgatives. Should the system sink, we must recur to stimulants.

When the eruption disappears before the proper period, and great anxiety and delirium take place, the indication will be to restore the eruption to the skin. To effect this, the warm bath, blisters to the chest and legs and the administration of wine properly diluted with warm water, are the best remedies.

Should Ophthalmia, Hepatitis, or Phthisis pulmonalis succeed, the treatment is the same as if they had proceeded from other causes. As the Diarrhea that often follows this disease depends on the inflammation of the mucous tissue of the Intestines, astringents are

hurtful. The proper practice in this case is moderate and repeated bleedings, with Dover's Powder, together with the warm bath.

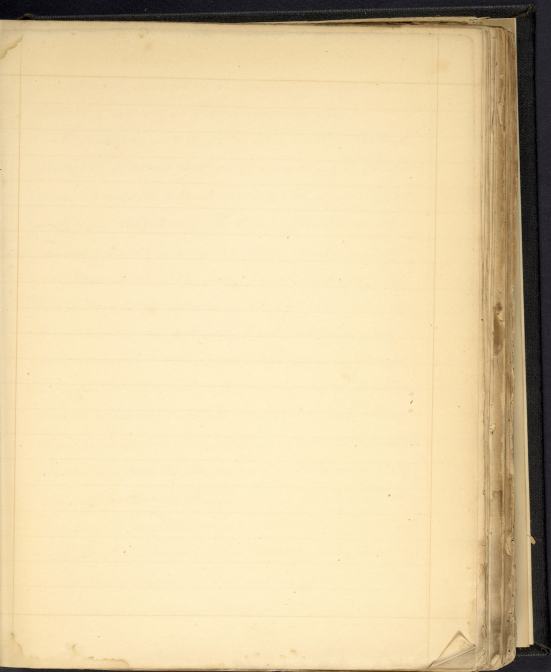
As the complaints which follow measles are very often produced by an imprudent exposure to cold; the patient should not expose himself to its influence, but should when he went out, be warmly clad, and should walk or ride out only in good weather. When the consequences attendant upon it are extremely obstinate, a change to a warmer climate, should be advised.

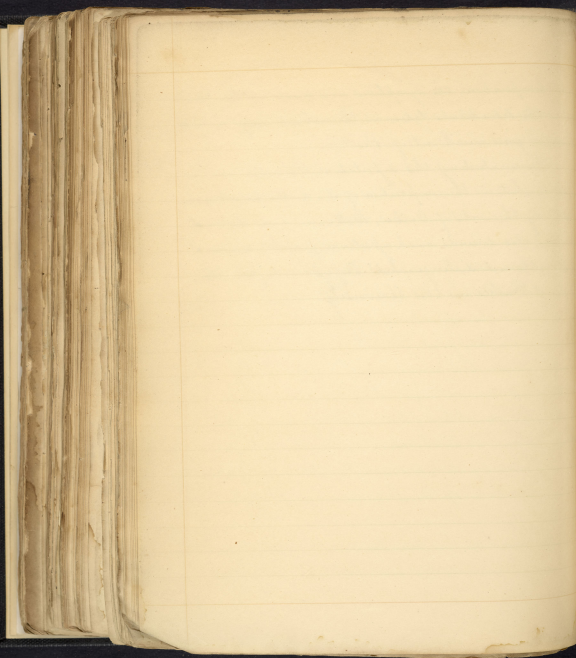
It often happens that the voice is lost or very much altered. This circumstance can be ascribed only to the improper management of the disease. Emetics followed by Vol. Alkali, Inhalations of Hoffman's Anodyne liquor, and Laudanum, are here the best remedies. When it is owing to a permanent thickening of the lining membrane of the Larynx, we must depend on blisters.

Inoculation has been tried, and in some instances has succeeded; and it is said that where success atten-

ded the operation, the symptoms were much milder, than when the disease was taken in the natural way; it has, however gone much out of Practice.

In concluding this dissertation, the writer would observe, that in the composition of it, he has been much aided by the works of Cullen, Bateman and Thomas. He has also derived much assistance from the lectures of the able and distinguished Professor who fills the chair of Practice in this University.





Scrophula

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The disease described by medical writers under the title of Scrophula is of very ancient origin.

It is known as a distinct one well marked species of morbid action is conveyed in the most ancient records of traditions and described with sufficient accuracy. The term appears to have been derived from the Latin word *stropho* and was adopted by the ancient writers from the observation that this disease is an affection of the lymphatic glands to which skin an especially liable. The uncertainty as to the nature of this disease has been a frequent source of error and has led to many a false proof of the identity and essential nature of this disease. Many of the errors which have attended the progress of pathological enquiry are partly attributable to a want of precision in the language of medicine, and a character of enquiry and mystery attached to the naming many diseases. The modern doctrine of our disease is chiefly owing to the views of the mass of uneducated and almost false ideas to

